

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number		10/526,690	
	Filing Date		(Intl.) September 2, 2003	
	First Named Inventor		Matti SIREN	
	Title		COATED STENT	
	Art Unit		1615	
	Examiner Name		C. E. Helm	
	Attorney Docket No.		514862007400	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 20872

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Perttu Siren</i>	Date	14.4.08
Name	Perttu Siren	Telephone	358 50 577 9826
Title and Company: Bioneris AB			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.